1: Cunningham G-3 (1846-47) 1854 AJ4 W. Tibetans AJ4

probably not more than 20,000 men. The extra number would have been made up by the quotas of the different kahlons, lonpas, and gobas, who were obliged to furnish from ten to four men each.

Since Moorcroft's time, however, the population has very much decreased, partly owing to the ravages of disease, but chiefly to the destructive effects of war. In the summer of 1834 the small-pox broke out in Ladák with such fatal virulence that 14,000 persons,* or more than one-twelfth of the whole population, were carried off. Amongst a filthy people, who never wash, and who only change their garments when the cloth has rotted piecemeal off their persons, the mortal effect of such a contagious disease as small-pox cannot be wondered at.

But the ravages of disease were almost forgotten in the more deadly destructiveness of war and its attendant miseries. They who survived the small-pox had only to lament the sudden loss of near and dear relatives; but they who escaped death in the war had also to bewail the pillage of their property and the destruction of their houses. By the wholesale plunder of the metal images belonging to the monasteries, the invaders gave a rude shock to the pious minds of the whole people, while they secured the bitter enmity of the lamas by an extensive resumption of monastic lands.

Such was the effect of these severe and impolitic measures, that no less than three-fourths of the lamas,

* About 10,000 died before the conquest. Dr. Henderson, who was then in Ladák, gave both physic and advice, but nothing availed to check the disease. Zoráwar Sing *is said* to have vaccinated great numbers by force, of whom no less than 4,000 died. My informant was a Musalman who hated the present maharaja, and I doubt the truth of his statement about the compulsory vaccination.

687 567 476 failed to account for, State grain or money, etc., in their charge. Such a debtor was, and is still, termed a "bákidár" or "defaulter." Such persons, and their descendants, were, till the year 1890, [148] obliged to work for the State in return for their daily ration only, the rest of their earnings being confiscated by the State, as part payment of the original default.

● 164 757 SMALL-POX--dumpa or drumpa. Small-pox is rare in Ladak, but in the summer of 1834 it broke out with great virulence, and is said to have carried off about 14,000 persons, or one-twelfth of the entire population. The Tibetan custom in regard to this disease is to take the patient away to some secluded spot, to give him a few days' supply of food and drink, and then to leave him to take his chance of recovering.

601 [149] SON--pootsa.

774 SOUL--sem (soul); SHok or srok or tshey (life); hning or sning (heart). In the Roman Catholic Tibetan catechism the word "soul" is translated "namSHes" which in Ladák is understood to mean the "ghost" of a dead person. But see "Spirit."

241 SOW TO--sáwan (or sáon) tap ches (to follow the plough and throw seed into the newly-made furrow); sáwan giástor táng ches (to scatter seed and then plough it in). The latter is the procedure followed by the very poorest agriculturalists in Ladák.

[150]

774 776 787 273 SPIRIT--sem (the soul); SHok or srok or tshey (the life); hning or sning (the heart); tun (energy); namSHes or namSHet (a ghost); thukngyid (the Holy Ghost); sem or thuks (as the spirit of an action or speech, etc); hla or hloo (a god or fairy); hlámo (a goddess); hlandey or hlandrey or dey or drey (a demon or evil spirit or phantom); ghegs and rdon and hnotchet (evil spirits); gongpo (the spirit with which a man may be "possessed"); árak (an alchoholic drink); chut (the alchoholic essence).

516 [151] SQUAT TO--duk ches (general); tsong-tsong-la duk ches (as a Hindustani sits on the upright calves of his legs); pugdong (or pigrdong) tsukstey duk ches (as Central Asians sit, in a kneeling position, but sitting back on the up-turned heels); trupzheel-dakstey (or tubzhildakstey) duk ches (cross-legged like a tailor).

whose origin the boy could not explain intermingled with the howling 000
of the wind and the rushing of the Indus River. Namgyal's eye sharpened by his awakened imagination, then spied shadowy figures as they suddenly moved over the mountain slope and above him through the air. At those times the boy liked to be close to his companion. "Did you see that?" his comrade Puntsog asked him one evening as they were driving their herd along through the narrow gorge as darkness was descending upon them. They were late because they had had to spend a long time searching for animals that had strayed away from the herd. "There, up by the precipice it was rushing along!" "Yes, I saw it too," answered Namgyal, "it was a fox." "Yes, but didn't you see anything else? Someone was riding on the fox; /40/ it was gongpo with a large, round [776] head, bristly hair and a hideous grimace, with bared teeth, two red eyes and a third eye on its forehead, and long claws on its fingers. It was shaking its hand threateningly at us. Come, let us hurry so we get home fast!"

When Namgyal came home he asked his grandmother, whose 538
favorite he was and who had already told him quite a lot of terrifying things about evil spirits who are housed in mountain and valley, what kind of a being that was they had seen and told her what they did. She answered: "Let Meme (the old) Konchog Trashi tell you that, nobody knows more about these spirits and their activities and no one knows the old sagas and fairytales as well as he."

What Old Konchog Trashi Told Namgyal about Gods and Demons

One of the following evenings Namgyal went to the old Gyamstopa (16) Konchog Trashi, the storyteller and narrator of legends who is

16. Written in Tibetan, rgya-mt'so-pa, it signifies "seaman," the house name of the person concerned.

known through the length and breadth of the land for his narrative skill. Namgyal arranged it so that he would not have to look up the old man [164] in his own house because his wife had leprosy in the highest degree; for this reason Namgyal was afraid to come near to her. He met the storyteller as he was sitting under his large nut tree at the edge of the irrigation ditch where he was spinning threads from coarse yak's hair. At the request of Namgyal Konchog Trashi, a small figure with a

there flung it among the boulders. The Tsan wanted to have his revenge, 753
and now he could spend his fury on this figure.

Finally another "important matter" came to light. The old 754
grandmother, who constantly observed the Chondsom girl from the Cat's-mouth house with suspicious glances, thought that she could remember that that evil woman had once spat (161) very conspicuously

161. The Tibetans have a special expression for this kind of [827]
spitting with the purpose of harming an enemy: nad-pai to-le adebs-pa, the "spitting for sickness," that is, with the intention of making the particular person sick. In spitting, a curse or evil wish is expressed.

in front of the Dragshos house, and that in so doing she had cast an evil glance at the house and mumbled a few evil words. Thereupon 755
the lharje was called in once more. He took a strip of paper, on this he wrote a few magical formulas, crumpled the paper up, and made little pellets out of it. These the patient was to swallow. The effect of this was that the woman, to whom all food was repugnant anyway, had to vomit. This concerned the lharje very little; he urged that the woman should swallow the paper pills amidst great pain, something which always had the same effect.

Meanwhile none of the natural or supernatural remedies brought 797
any improvement to the poor sick woman: for weeks she hovered between life and death and caused great concern to husband and children. Finally the missionary's medicine brought some improvement. The missionary had by now been called to the sick bed--up till then the lamas had been able to prevent his appearance. The strong constitution of the woman gradually gained the upper hand: she recovered to the great joy of her family Namgyal brought an ample offering of thanks to the gods in his household temple and to those in the temple of the monastery in Tingmogang, because his relatives so demanded. He found no reason to give any presents to the lamas. On the other hand, he honored the missionary with a sheep, a large plate of dried fruit, and a greeting ribbon as a sign of his gratitude for the missionary's help; his trust in the missionar, grew, and he became even more receptive to the new message which the missionary preached and testified to by his actions.

The year in which all this happened, the earth-tiger year, was 164
a year of misfortune for the entire village and neighboring /135/

•164 villages in lower Ladakh too. Indian tradesmen who were traveling through had brought with them a malignant, typhus-like fever, to which many succumbed. Then the smallpox went through the land and claimed numerous victims. Like flies in late autumn people were dying. The villages, yes, even the individual houses of a village, barred themselves against each other. The well-to-do
751 farmers had the lamas make large and small dosmo (string crosses and stars), in order to exorcise the disease-bringing demons. Everywhere on paths and roads one could see lying these magical objects, which were supposed to bar the way for these fiends; the poor laid down thorny twigs and hoped for the same protection from these. A magical piece of paper was much in demand, on which two human figures were pictured in block printing, tied with chains on hand and foot: the spirits of disease who are tied by magic. The magical formulas were printed in a circle, which occupies the center of the picture. The lamas did good business with these magical slips of paper.

758 Some of the smallpox sufferers were tended by their family in the house. But other families, driven by fear of contagion, took their sick members into the desert directly outside their village. There these poor wretches looked for scanty protection among the large scattered stone blocks against the scorching rays of the sun and the sandstone. Daily the relatives would bring their sick people a bowl of food and a jug of butter tea; they would place both at some distance on the ground, they would call out a brief greeting to the sick, and then depart hastily. This sick person, who still had sufficient strength, would then drag himself laboriously to the spot in order to get the food. But it often happened that at the call no answer was made anymore. The following day the bowl would then stand still untouched; the sick person no longer needed any nourishment, he
766 had suffered the last. Then a few men of the tribe would come and would drag the corpse by a rope into the Indus and there leave it to the fish as a "burial." In the best case a paid lama would be present on the occasion, in order to read a very brief mass for the dead. Sometimes it happened that the corpse could not be found at first. Wolves had torn it apart and carried it off--"buried."

/186/ The Tibetans have no pangs of conscience about this kind of "burial." It is quite customary, even, and it is considered as particularly meritorious for the deceased because in this way he feeds the hungry animals even in death, something which is credited to his

6: Gazetteer G-5 (ca. 1840-1883) 1883-4 AJ4 W. Tibetans AJ4

Chapter I. The District.

Climate of Láhaul.

No better place than Kardong could have been selected to show the average temperature of the inhabited part of Láhaul, but the differences of temperature are very great. In the upper part of the Chandra valley near Khoksar, the snow lies round the villages till the end of May, whereas in the valley below the junction of the rivers, the cultivators contrive to sow and reap two crops during the spring, summer, and autumn. The air is very pure and dry. Meat once dried will keep for any number of years. There is very little sickness of any kind, and goitre appears to be unknown. The influence of the monsoons is hardly felt. In July and August there are a good many showers of rain in the lower part of Láhaul, and for a few miles on both sides of the Rohtang pass, through which low gap a few clouds contrive to steal. But, generally speaking, there is almost unbroken cloudless weather in the summer half of the year, and indeed up till January, when the heavy falls of snow usually commence. In some years some villages are completely buried in snow. Avalanches fall in spring and summer, and occasionally cause serious loss of life. Not many years ago a glacier slipped and utterly buried a village in the mouth of the Yácha valley, not a soul escaping. An old man who had gone up the mountain for some purpose a day or two before the catastrophe is reported to have said on returning that his heart misgave him that something was about to happen, as he had seen a band of strangely-dressed people dancing and holding high revel at the top of the glaciers, who must have been fairies. Of course the words of the seer were set at naught. According to Captain Harcourt, spring may be said to commence in Láhaul about the middle of April; frosts set in towards the close of September,

"though the three last months of the year are generally singularly clear and fine. By January dead winter commences, and from then till April the country is covered with snow to a depth of eight or ten feet, the villages in the higher altitudes being completely submerged." The cold even in summer is at times rendered "unendurable by bitter winds, which usually spring up after mid-day, blowing like a hurricane at 3 or 4 P.M., and only subsiding into a gentle breeze after the sun has set. The nights are invariably calm and quiet."

Configuration of *wazírí* Spiti.

Spiti is in shape a triangle; the side which separates it from Láhaul and Kúlu to the west being formed by the Kanzám ridge and the mid-Himalaya; the opposite side which separates it from Ladákh and Chinese Tibet, by the western Himalaya; and the base which separates it from Kanáwar, by that part of the mid-Himalaya which, under the name of the Mánirang range, runs along the north side of the Satlaj. The base measures about 58 miles, and a line from base to apex about 60 miles. The Spiti river rises in the apex of the triangle, and runs down its centre till it nears the base, where it inclines to the left and goes out at the north-east corner. In the south-west corner is the Pín valley, with its river of the same name, a tributary almost as large as the Spiti itself. Pín contains some eleven villages, and these are the only villages out of the main valley on this side, as the rest of the streams which join the Spiti from the mid-Himalaya, though of considerable length, flow in

6: Gazetteer G-5 (ca. 1840-1883) 1883-4 AJ4 W. Tibetans AJ4

133 Chapter I. The District. Villages and scenery in Spiti.

formation of sandstone and lime before alluded to. The valley is similarly described by Mr. Theobald:—

"All along the course of the Spiti river are seen old river terraces or deposits of shingle and sand, reaching to a height of some 400 feet above the present river level. Behind these regular deposits, rise almost mountainous accumulations of *débris*, precipitated by frost from the abruptly scarped limestone cliffs bounding the valley. The height of this gravelly mass mainly depends on the height of the cliff at whose base it has accumulated, but not uncommonly reaches to 1,500 or 2,000 feet above the river." In the depth of the valley the soft soil of the cliffs which shut in the river-bed has been hollowed out by the action of time and water into fantastic shapes. "Out of a soil of clay and bold rock," writes Captain Harcourt, "uprise rough monument-like masses that are not a little peculiar in appearance, for they are crenelated and honey-combed all over with deep holes and apertures as if scooped out by art, supporting on their summits great boulders of stone which in all probability have kept the masses underneath from wearing altogether away."

132 Climate of Spiti.

[133]

The seasons in Spiti correspond generally with those of Láhaul; though the spring is somewhat later, and the winter of longer duration. The mean elevation of the villages is considerably higher than in Láhaul, averaging 12,000 feet or over, and rising as high as 14,000. Snow begins to fall in December, and remains on the ground until the end of April, but seldom exceeds a depth of 2½ feet, which is less than in Láhaul. The cold during the winter is very severe and is aggravated by violent and piercing winds. Slight showers of rain fall in July and August, though the district is beyond the regular influence of the monsoon; severe frosts set in before the close of September, in which month Mr. Lyall records that a stream of water he had observed at night running down a slope from a broken canal, was turned into solid ice by the morning. "The climate," he adds, "is a remarkably healthy one; excepting a few simple complaints, such as colic or rheumatism; sickness appears to be almost unknown." He saw in his sojourn in the valley no cases of goitre or critinism, and remarks that "the muscular development of both men and women looks large and hard compared with that of the people on the south side of the Himalayas." In the summer Captain Harcourt records that the days are exceptionally hot. The mean temperature of the Upper Spiti valley is given in Messrs. Schlagintweit's tables as follows:—

January	...	...	...	...	... 17°
April	...	...	...	...	... 35°
July	...	...	...	...	... 60°
Autumn	...	...	...	...	... 39°
Year	...	...	...	...	... 39·4°

137 Flora.

[13]

For an account of the flora and vegetable productions of Láhaul, reference should be made to Vol. X of the Linnean Society's Journal, which contains an excellent paper upon the subject by Dr. J. E. T. Aitchison, a Civil Surgeon on the Punjáb establishment, and late British Joint-Commissioner at Léh. The hills of Spiti are, as has been already stated, bare and devoid of forest. At the head of the valley there is a kind of bush willow which grows in the

12: Douglas T-3 (1951)1953 AJ4 W. Tibetans AJ4

CHAPTER 13

PASS POISON

The critical altitude for mountain sickness is usually ten thousand feet. If one is not sick at that height, he probably will not be sick (except in the event of great exertion) until he passes his own effective altitude. That altitude varies with individuals. Rahul figures his at twenty-five thousand feet. I figure mine somewhat lower. Mountain sickness has seldom touched me, and I have been to eighteen thousand feet.

One who goes slowly to the heights acclimatizes himself gradually. The capacity of the human body to adjust itself to the thin air of high mountains is amazing, as the records of the Everest expeditions show. Mallory, Irvine, Smythe, and the others could in a few weeks bring themselves safely to twenty-eight thousand feet. At that altitude man is always tired and depressed and moves in somewhat of a trance. If he were suddenly dropped there without a supply of oxygen, or if, reaching there with oxygen, he had a failure in his oxygen tank, he probably would die. It takes time to adjust the body to altitudes above ten thousand feet. But if

• 164 one goes slowly and takes his time in the early stages, he need not experience any great difficulty, so far as altitude is concerned, on any Himalayan trek.

Mountain sickness does not always come over one suddenly. Nor does it always start with nausea or headaches or dizziness. It may indeed start with a feeling of great exhilaration, as if good wine had suddenly gone to the head.

000 When we reached Baralacha Pass, it was late afternoon and we still had several miles to go to Kilung. We were anxious to be on our way; yet I was eager for pictures and anxious to search the pass for wild flowers for the plant press. We took a half hour on those missions. Baralacha lies at 16,200 feet; and at that altitude any human being must slow down. I, however, was so absorbed in my errands that I forgot to do so. I was dashing here and there taking black-and-white and color stills and color movies, and pressing plants. This altitude, I thought, was nothing to worry about. It seemed to me that I had licked that problem. I was good. I must be extra-good, I thought. Altitude bothered some people, but it certainly did not bother me. I was confident, elated, and relaxed. It seemed as if I walked on air. I felt wonderful. Imagine anyone worrying about altitude! Pshaw! It's largely mental attitude.

Those were my thoughts as I walked and ran here and there on my various errands. I did not seem to be out of breath. "I am in better shape than I thought," I said to myself.

I had packed my cameras and plant press and was ready to mount Moti, the mule. I put my left foot in the stirrup, took hold of the saddle, raised myself, and threw my right leg over. At that moment I almost blacked out. I was all right in a second or two, and the dizziness quickly passed. So did the feeling of confidence and exhilaration. I now had a slight headache that grew and grew and was pounding when we reached Kilung.

In those brief seconds when I almost passed out the words of a friend came back to me. A few weeks earlier I had had dinner

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000 mycin, and even the newest of the antibiotics, terramycin. And en route through Europe I put in a supply of Entero Vioform.

My emphasis was wrong in two respects. In the first place, I discovered that diarrhea and dysentery did not necessarily carry the grave threat I had imagined. In the previous two summers I had been ill at least once a week as I journeyed through the Middle East and Asia. I maintained that average no matter how much care I took. But I learned a valuable lesson in Karachi from 757 Mrs. Avra Warren, the wife of our Ambassador to Pakistan. It seems that the native remedy for diarrhea and dysentery is the psyllium seed. Mrs. Warren learned that the psyllium seed is also an excellent preventive. Take a small handful once a day for thirty days; then take that dosage once a week. Americans have learned that one who follows that routine seldom if ever has the intestinal disturbances that plague Asia. I learned by happenstance that one Entero Vioform tablet with each meal serves the same purpose. I followed that routine on my Himalayan trek, and I was never ill from stomach or intestinal troubles.

759 In the second place, I learned at Manali from Dr. H. W. Williams of the Lady Willingdon Hospital that my medical kit should have been designed not only for me and my staff's needs but for the needs of the natives as well. A foreigner who goes to these remote regions enters territory where doctors have never been. There are no medicines, no first-aid stations, no hospitals. A man coming from the outside world is expected to have medical remedies. The natives flock in at every camp for treatment.

But I learned this too late for me to enlarge my medical kit to any extent. I did, however, get several hundred aspirin from Dr. Williams as we left Manali. And that day was not gone before I started dispensing them.

• 164 The storm that caught us before we reached Koti the first day of the trek was a cold, devastating one. All of us, including the porters, were soaked through and chilled to the marrow. That evening at Koti six of them lined up in front of me.

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"My back aches, Sahib," the first one said, indicating the muscles along his spine. Prescription: two aspirin now, two at bedtime.

"My legs ache, Sahib," said the second, rubbing the muscles of his thighs. Prescription: two aspirin now, two at bedtime.

"My head aches, Sahib," said the third, touching his temples. He had no fever. Prescription: one aspirin now, one at bedtime.

The next two had simple headaches but no fever. Prescription: the same.

The sixth one puzzled me. He had a severe headache around his eyes and his temples. I had no fever thermometer, but I knew from his forehead that his temperature was well above one hundred. He had a nasty cough that sounded dry and rasping. The man was sick, and I was stumped. I decided to roll him up by the fire, give him two aspirin, and then see him again in an hour.

His son, aged ten, had followed him from the village of Koti, apparently apprised of the father's illness. As the man lay before the fire, the son sat at his head and massaged his temples. In an hour I asked the patient how he felt; but before he could reply the son spoke up.

"This is a cruel world. You are rich, we are poor. We have to work hard for our living. Father gets up at dawn and works until dark. So does Mother. We all work hard. It is not fair. It is not fair that you are so rich and we are so poor."

Turning to Rahul, I asked, "What is the meaning of this?"

"Communist propaganda," he replied. "In this part of the world the Communists try to plant simple and troublesome questions in the minds of the young."

"Ask again about my patient."

Once more the son responded, complaining of the gulf between the rich and the poor.

"I don't care right now about your political philosophy," I replied. "How's your father?"

000 The man spoke. "Your medicine has made me ill. Now I am worse than I was."

"Why do you say that?"

"Because my arms itch all over. They did not itch until you gave me the medicine."

"Maybe the man is allergic to aspirin," I said to Rahul. And so I changed the prescription: one Empirin Compound now, one more in an hour, one in case the patient wakes up during the night.

In the morning I saw the patient. The headache and fever were gone; but the dry, rasping cough was still there. He agreed with me that he should return to Manali and not attempt Rothang Pass. Rahul, my disbursing officer, paid him off, and I gave him several more Empirin Compound in case his fever returned. As he left with his son, he gave me the gracious Hindu salute and said, "Sahib, you are a wonderful doctor." And his son chimed in, "There is no one to take care of us poor people. The rich have all the medicines."

As long as the porters were with me, several of them came each night for simple treatments. When Tashi joined us at Koksar with his horses, I treated my first case of boils. Tashi had them on his arms. They were not ripe for lancing, so I bathed and dressed them and furnished him with salve, gauze, and tape when he left us at Kyelang.

Because of the wind, the dust, and the sun, sore eyes are one of the chief afflictions in Lahul and Ladakh. The sun in this dry altitude where the humidity is low has an intense burning power. Among dark-skinned people the eyes are the first to be affected.
293 Every traveler of the high trails wears sunglasses if he can get them. The natives sometimes make them with crude wooden
000 frames and horsehair stretched across for a lens. At Gundala a woman came to me with sore eyes. I bathed them in a solution of boric acid and filled them with a penicillin salve.

• 164 An old man, a Moslem, came to me at Gya with the earache. I

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warmed some Auralgan, put drops in each ear, and left with him a good supply of aspirin. 164 •

There were cuts and bruises, aches and pains of the head and of numerous muscles, red and burning eyes, light fever, colds of the head and chest. These I treated daily.

There was also pass poison. The night we reached Kilung after crossing Baralacha everyone in camp was sick. I was sure no one's head could be throbbing worse than mine, but I had to care for my patients first. They lined up, and each got either an aspirin or an Empirin Compound, depending on the severity of his headache. Kilung, like all other stations north of Baralacha, has no dak bungalow. But, unlike most of the others, it has shelter. Under a huge cliff there is a crude stone serai with a galvanized iron roof strung on iron rafters. It has a few rooms with cement floors and open windows, and a courtyard for the animals. When we arrived several other parties were there, perhaps six people in all. They had come over Baralacha and they too had pass poison. When they learned that medicine was being distributed, they joined the line and received the ration of aspirin and Empirin Compound.

One afternoon Budh Ram came to me complaining. He felt sick; he was afraid he would die. He had indeed an awful fever; and, dark-skinned though he was, he looked ghostly. I immediately gave him two capsules of chloromycetin and ordered him to take two every four hours until the next night. By then the fever had gone and his appetite had returned. I gave him soup, continued the chloromycetin, and kept him in bed. The following morning he was bright and gay.

"Sahib, you are a wonderful doctor," he said. "My wife will be glad I lived."

"Tell your wife that you are the first man in Kulu or Lahul or Ladakh to be saved by chloromycetin."

"Chloro who?"

"Just tell her chloro saved you. And if she asks what chloro looked like, say she was swift, graceful, and had magic."

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• 164 "Yes, Sahib," said Budh Ram, his eyes dancing with pleasure at the prospect of teasing his bride about mysterious chloro.

My concern with diarrhea and dysentery at the time I made up the medical kit later caused me embarrassment. As I have said, I did not include a single laxative. Yet constipation is most common among the natives. Constipation, eye trouble, intestinal worms, venereal diseases, colds, and goiter are the chief ailments. There seems to be little tuberculosis or cancer. The importance of constipation was impressed on me with amazing clarity by Rup Singh.

Rup Singh stood before me, the corners of his mouth turned down and sorrow written on his face.

"I am sick, Sahib."

"What's wrong?"

"I feel sick here," he replied as he placed his hand on his stomach.

"Pain?"

"No, Sahib, no pain. I am constipated."

"How long since you had a bowel movement?"

"One week."

Here was a man who needed a simple medicine, a laxative; and I had none. I was puzzled. I had to do something, for my reputation was at stake, and one of my valuable men was ill. I fumbled in my medical kit, pretending to be looking for something as I tried to think of a remedy. As my hand touched a bottle of paregoric, I had an inspiration. Paregoric, undiluted in water, is raw and burning; it is supposed to have the opposite effect from a laxative; it indeed helps stop diarrhea. But I had learned of psychosomatic medicine from my friend, Dr. George Draper of New York City; and I knew that the mind and the subconscious play a powerful role in medicine. I also knew that Rup Singh lived in a world where spirits rule and where magic and mysticism play an important role. And so my decision was instant.

I borrowed a tablespoon from Budh Ram and poured it brim-

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ful of paregoric. I held it before Rup Singh and said, "This will /64 taste awful. It will burn all the way down. It will burn as badly as you imagine a powerful devil might burn if you swallowed him. But it won't hurt you. It will help. And the worse it tastes, the more good it will do."

Rup Singh nodded assent and understanding. He opened his mouth, and I poured the medicine down. His face showed the revulsion he felt; he gasped and sputtered and coughed. The next morning I asked him how he was. He beamed all over as he replied, "Sahib, you are a wonderful doctor."

And so my reputation as a doctor grew; and the word of my ability to cure constipation spread. Man Das was my next patient who suffered from constipation. I gave him the same prescription, and it had the desired effect. Goatherds, villagers, chowkidars, muleteers lined up. And to each I gave paregoric for their constipation. And with each dose of paregoric I gave an incantation, calling upon all the forces in the foul-tasting medicine to come to the patient's rescue. It always worked; and my worries on that phase of my medical practice disappeared so long as the paregoric held out.

My most interesting patient was a woman. I had first seen her at Serchu where she, a younger woman, and two men were resting on their packs beside the trail. I came to know them two nights later when we camped at Chakchu, in Ladakh. (*Chak* means "flint" and *chu* means "water.")

Chakchu is a rough, narrow defile on a hogback of a Himalayan /33 range. It lies at 15,800 feet and is the most unlikely spot for a camp one will find in any mountain. There is only one level piece of ground at Chakchu, a spot big enough for a couple of sleeping bags. There we put the kitchen. Rahul and I scrambled down a cliff and found, about a hundred feet below the ridge, a small shelf big enough for two bedrolls. This bedroom of ours had the shelter of an overhang of granite rock gaily painted with lichens. Below us was a yawning pit several thousand feet deep that ran

291 Queen of Ladakh (who is titular only now that Ladakh is a part
301 of Kashmir) is reported to have the most valuable *perakh* in this part of the world. But the one worn by the old lady at Chakchu seemed fancy enough. Its jade and turquoise were not polished, but they were well proportioned. Some were as large as fifty-cent pieces, some the size of quarters; others were circular and still others were cut into odd and irregular shapes.

291 The old lady also wore huge side flaps made of black wool, which looked like gargantuan ear muffs and stood out like sails. From a distance they made the woman look like a wolf. The *perakh* and the side flaps are typical Ladakh headdress. I never traced the origin of the *perakh*. But legend has it that the side flaps go back to articles designed for an ancient queen of Ladakh who had the earache. The flaps not only cured the earache; they proved to be so decorative that they became part of the conventional headdress.

• 164 I no sooner reached the camp of these Ladakhis than the old lady lay on her side and started to moan. I inquired if she were ill. She was; so I sent Man Das up to our camp to fetch my medical kit.

While he was gone I made my diagnosis. The old lady had perhaps a degree or two of fever and a splitting headache caused, I believe, by her supreme exertion at high altitudes under a burn-
484 ing sun. This old woman, her daughter, her son-in-law, and her neighbor lived near Leh. Last June, as soon as the passes were open, they started on foot to Manali, a trek of about 240 miles.

"Why did you go?" I asked.

"To do some shopping and to visit friends."

"Did you reach Manali?"

"Yes, and now we are returning home."

"How long will it take you?"

"Perhaps a month."

"What did you buy?"

"Talcum powder and hair oil."

12: Douglas T-3 (1951)1953 AJ4 W. Tibetans AJ4

man or a woman I'd meet in a village or along the trail would be his or her teeth. Once in a while, as in the case of the old lady at Chakchu, I'd see that teeth were missing. But the teeth I saw were all glistening, gleaming teeth—perfect specimens.

"Not a cavity in a carload," Rahul would say with a chuckle. Village after village produced no dental patients, showed no dental problems. "It's the barley they eat," I said to Rahul. "It's the barley that is standing between me and a dental practice."

There are toothaches in Ladakh; and when the pain is acute the villager usually relies on the blacksmith for tooth extraction. But I found neither a throbbing tooth nor cavity all the way to Leh. I ended by presenting the kit to Dr. and Mrs. Norman Driver of the Moravian Mission at Leh, a mission that for a century has rendered a fine medical service in remote Ladakh.

One night at Leh I was talking with Rahul about the frustration of my dental practice.

"Yes," he grinned, "but you can get great satisfaction from your medical practice."

"I think I did alleviate pain and restore courage and confidence." And then I added, "You're right. I do have a new medical record, a notable one. I didn't lose a patient."

"Don't boast about that," Rahul said, his eyes twinkling. "After all, we broke camp almost every morning. You seldom saw the same patient twice."

12: Douglas T-3 (1951)1953 AJ4 W. Tibetans AJ4

lished a century ago by devout Germans. It is now headed by two fine Britishers, Dr. and Mrs. Norman Driver, who dispense religion and pills with special emphasis on the medicines, for Leh is rife with venereal disease, intestinal worms, and goiter. Zila works for the Drivers; and one day in their garden I heard her singing. She played the *daps*—a skin stretched on a hoop about three feet in diameter. Zila sang of love in a sad and melancholy voice:

When I approached the city gate,
They shut it in my face.
I salute you,
The Rose of Ladakh.
I put my life in your hands.
I carry my cup and food,
And come with you.
I salute you,
The Rose of Ladakh.•

I asked Zila to sing more. She went and brought back another girl and two men, and they sat for an hour or more beating the *daps* and singing folk songs. All of them had sad voices; all of them but Zila had sad faces. Her face was lighted with happiness; her eyes danced; her white teeth gleamed. She threw back her head and gave zest to the song about Tseringskyit. It was Zila who took the lead, the other girl and the two men making the response:

VERSE *Have you not seen my friend, Tseringskyit?*
RESPONSE *I do not know your friend, Tseringskyit.*

VERSE *Her body is as though it were made of gold. She has just passed by this way. Have you not seen my friend, Tseringskyit?*
RESPONSE *I do not know your friend, Tseringskyit.*

•See page 335.

13: Heber and Heber D-3 (1914-25) 1926 AJ4 W. Tibetans AJ4

man crosses the pass for the first time, for the ponymen to present him as he nears the rest-house with a little posy of flowers, which he is supposed to acknowledge with the usual rupee, an exchange of mutual compliment and congratulation on the safe accomplishment of the crossing of man and beast, but with the pass covered in its white mantle, there was too much concern for real safety to attend to this little ritual, even had Nature been able to prepare her spring favours. It was amusing to recollect how on coming down from Leh one August with their five-and-a-half months' baby who had been born up there, the Doctor and his wife had paid toll for the infant's first crossing though they themselves were exempt. On this second day several of the travellers suffered with sore eyes, and a bottle of eye lotion which the Doctor Memsahib happened to have with her was in great request. Two or three natives were passed, heads directed downwards, one with a precious umbrella, another even holding an end of his puggaree across his painful eyes. One of our party had a severely inflamed eye in spite even of glasses and veil, and this snow blindness is extremely painful. Among the patients was the elder son of the Rajah of Khaplu, who was found with his family at Matayan, and, although we arrived there at just after nine a.m., they had not started off on the next march, Matayan being the full stage from Baltal which they had actually achieved the previous day. The Doctor Memsahib went in to see the purdah lady and found her perfectly composed and cheerful and ready for her next bumping. Meanwhile the Roosevelt party had passed on to Dras, twelve miles further, having only come four or five miles from their camping place. The Doctor's party stopped to lunch or rather "brunch" (for this roadside meal is usually a combination of breakfast and lunch) on the bungalow verandah, and, when the ponymen came up, they said they would prefer to go on to Dras rather than stay the night at Matayan, as there is no pony fodder there. So we took to the road again,

13: Heber and Heber D-3 (1914-25) 1926 AJ4 W. Tibetans AJ4

due to the fine water prayer-wheel in the village, which day and night turns round its prayers to benefit the community, while in the walls of the little shelter made to accommodate it four more rather large prayer-wheels are inserted to be worked by hand, so that the passer-by, giving them a meritorious twirl as he goes along, may add his contribution to the volume of prayer that brings favour to the village. Just now is the time of harvest in Wanla. Here the barley and wheat are cut and carried to the side of the hill to dry, a process which must soon be accomplished, for the heat from the stones is very great. In the evening a poor old man, blind in one eye arrives, and the cause being established as cataract, a temporary operating theatre is set up, instruments boiled and the trouble removed. Another poor old fellow completely blind, deaf and otherwise deformed, also asks for help, but alas, he is beyond the aid even of Western medical science, and, as he is very poor, the meagre solace of a little gift is all that can be done for him. There is hardly any operation so dramatic as that of cataract extraction, for the patient may be totally blind at one moment and the next receive his sight. It is all the more sad to have to tell some of these poor blind folk that it is impossible to give them back their vision, especially when so often that faculty might have been saved had they come to the doctor sooner.

Arrangements have now to be made for the next day's march, and we are told that the road is so bad that it will take all the Wanla horses and all the Wanla men to get us to Hunupata, the next village at which we halt; nor is the picture overdrawn. Next morning all are busy. Breakfast is cooked and eaten, and wise is he who begins by shipping aboard plenty of food! Stores and cooking utensils are packed into *yakdans* and *kiltas*, the Indian-made travelling boxes and baskets, one of which forms half-a-pony load, and we are off, enjoying the sheer delight of marching in the clear

13: Heber and Heber D-3 (1914-25) 1926 AJ4 W. Tibetans AJ4

491 pick-a-pack. To the men of these parts their bridges offer no thrills ; they often carry cattle over on their backs, first taking the precaution of tying their legs. Some time after we had reached camp, our other two servants came in and told us of their experiences at that bridge. "Are you afraid?" said one. "No, not a bit," replied his comrade, while in sheer fright the tears chased one another down his cheeks. However, one soon gets quite blasé about these bridges, and I crossed my fourth with a light heart. But how do the ponies fare? They have to be relieved of their loads, which men carry over the bridge and they themselves must swim the torrent. Our own Mongolian pony was shown a horse on the further side, hoping that he would think it had arrived safely and would follow its good example, but he had to be driven in several times with much shouting and raising of arms before he would venture across, and the sturdy animal was quite out of breath on arriving at the other bank.

●164 At Padum a day's rest was decreed, not only from marching, but also to extract fourteen cataracts, which were awaiting operation. The next day on again, until finally we reached the Shingkung La, the Pass which divides Zankskar from
342 Lahoul, and which took us four days to cross. Going to the foot of the Pass on the first day, we noticed some peculiar huts on the opposite side of the river which proved to be dwellings, built of yaks' dung. During the summer, when the yaks are allowed to graze the hillsides, their shepherds first build low walls of stone, then bring the plaques of dung, which they collect each day, to build a slanting roof, of which each superimposed layer overlaps slightly inwards. When winter comes, the yaks are driven back into the village, and the collections of dung taken home for the winter fuel.

000 Having reached the top of the Pass, a most wonderful view is unfolded. To right and left rise glorious peaks covered with glittering snowfields or glaciers, while our path itself lies across an avalanche, though it is difficult to realize this,

13: Heber and Heber D-3 (1914-25) 1926 AJ4 W. Tibetans AJ4

and women, both Buddhists and Mohammedan, the latter revealing the fact by wearing turban or red fez, and their names often indicating that they were formerly Buddhists, who had been converted to the faith of the prophet ; this is done by adding the word " Sheik " to their new Mohammedan names. Then there are Baltis, ill-clad looking creatures with their meagre black skull-caps from under which appear long, curly, but unkempt-looking, locks. How different from the two or three well-dressed, distinguished-looking Yarkandis, who sit next to them, stalwart men from Chinese Turkestan. Their faces are almost as white as that of the European, with shortly-cropped black hair and black beards, and they wear nice warm wadded garments cut somewhat like a frock-coat with very long sleeves, but of less sombre colours, sometimes a silky glossy cloth of black or even nice blue. To brighten this a large gay coloured embroidered square scarf is worn, folded triangularly with the apex downwards in the middle of the waist behind. On their heads are green or other coloured caps, lined with fur and turned up round the edge, or white pugarees. Occasionally these gentlemen bring their wives with them. Being Mohammedan they may not show their faces to strange men, and they therefore cover them with a voluminous head-dress, with network squares let in over their eyes through which they can look. Then there are some Kashmiris, men with beautifully regular features, strongly reminding one of pictures of good-looking Jews and of stories of the lost ten tribes of Israel. Other down-country races, too, may be represented, such as the Punjabi, or perhaps a Sikh, with the fringe of his black beard neatly plaited, and often the proud Pathan or Afridi appears. That wild ferocious-looking fellow with long, untidy, straggling hair is, of course, one of the upland nomads, whilst the well-dressed man who is sitting on one of our two stools is a merchant priest from the closed land of Tibet. Now shall we stand at the doctor's side, and listen with him to some of the complaints of these patients.

146 Occidental Treatment for Oriental Maladies

757 A very old and dirty-looking beggar-man enters, and calmly
● 164 addresses the Doctor as follows, "Well, Little Brother, can you give me some medicine?" "Yes, certainly, Grandfather," replies the very professional Doctor, for in Ladak we are all related. Then comes a sedate, elderly lady, who tells us she is called "Deskyid," a name as pretty as its meaning, which is beautiful-happy. "And what is your trouble, A-che (Big Sister) Deskyid?" the Doctor inquires. Poor Deskyid has a very troublesome disease, for she feels as if the back of her leg had moved round to the front! The patient next to consult the Doctor is even in worse plight, for her arm has gone quite *hangdang*, which literally means mad. The Doctor knows of no medicine that is able to cure these troubles, but paints both offending members with Iodine, in the hope that its colour at any rate will help the leg itself to distinguish back from front, and bring the erring arm to its
754 senses. Then comes a lama, who asks whether we can supply him with a little human flesh. We had never regarded ourselves as a shop for this commodity, and on inquiry are informed that should one wish to obtain the powers of witchcraft, or sprinkle any offering with a very potent potion, it is necessary to get a concoction consisting of various kinds of flesh, including human flesh, milk, blood and other ingredients. This should be drunk by the devotee, who will then receive
175 mystic powers. This is, of course, a relic of the old canni-
771 balism and human sacrifice which preceded the arrival of Buddhism, and is still reflected in a common oath constantly heard in the roads—*Amai Sha*, which means "by my mother's flesh." Our friend had to obtain these occult powers without
757 our help! Priests also have their troubles. Said one to the
876 Doctor, and he a Holy Incarnation, too, "Can you give me some medicine which will turn my skin white like your own." One can only hope he will behave so well in this incarnation that he may be re-incarnated in a white race next, although it is whispered that such a degradation only happens on account of former sins.

ever, and great is the joy when the old lady finds she can again see, but she can hardly be surprised, when the day was so auspicious, and her son's prayers had been so vigorously performed. She was then sent back to her ward, which had been converted into a fairly regal apartment by means of Tibetan rugs and cushions and other paraphernalia brought from her castle. Fourteen days later she was told she could now return to her home, but she told her royal Physician that she was so enjoying her holiday that she would like to stay in our Hospital for another fortnight. Her royal wish was regarded as a command, and we prolonged her holiday, but before she finally left, she honoured us by calling at our house with her retinue, and to testify their gratitude for restored sight she and her son presented us with gifts.

But now let us go to the wards. The word "ward" conjures up pictures of long rooms, with spick-and-span white painted walls, and floors so polished and smooth, that one feels skates would be the safest foot-gear; tables with plate-glass tops and beautiful flowers, and rows of white, quilted beds. But in the frontier hospitals of India, wards are not quite of this nature. When a Ladaki goes to Hospital, he does not go alone, but likes to take as many of his family with him as he can, and our wards are made to accommodate them all. This has the further advantage that the family's cooking fire, which is often made on the floor in the centre of the "ward" helps to heat the room. The whole building is made of mud bricks, some floors are boarded, others are not. We enter the first ward. Here is a man on whom we operated to remove large tumours, depending from the lobes of his ears, which had formed because he would persist in wearing ear-rings. We warn him that if he does not restrain his vanity in future, he will get further growths, but he replies that it is a religious duty for him to wear the ornaments, and he had actually come to have his keloids removed in order to be able to wear ear ornaments again. In the next ward we find an

13: Heber and Heber D-3 (1914-25) 1926 AJ4 W. Tibetans AJ4

old lady who has had her cataract removed. She is lying on the floor by the side of a nice spring bedstead, on which she had been placed yesterday after her operation. In reply to our query why she did not stay quietly on her bed, she says she felt so giddy sleeping so high up in the world, and more safe on the floor. True, she cannot fall out of bed now. In Ward 3 is a Yarkandi whose leg we have had to amputate to save his life. He has come that difficult journey from Yarkand, over the Karakorum range of the Himalayas and the Dipsang plateau, and been overtaken by frost-bite. Very likely at the end of the hard day's march over the snow he was so exhausted that he fell asleep without troubling to take off his heavy boots, and the circulation had no chance to re-establish itself in the severe cold. In the next ward we find that a string has been stretched across from one wall to the other, over which strips of meat have been hung, and we are told that the family are drying their next winter's supply. One can just imagine the happy expression on the face of an English Surgeon, who on entering his ward found such activities being pursued. In the next ward we can see nothing, for it is filled with acrid smoke which so hurts our eyes that we beat a rapid retreat. Dinner is being cooked! But we must not linger longer with our in-patients, for we would like to take the reader with us on a medical tour.

When we visited Kyelang, it will be remembered that we made a detour to a place called Lingshed. Messengers came to beg us to go to this village in 1916, because it was so central, and they promised that blind folk from the whole surrounding district would gather there; the further inducement was held out that throughout the trip the question of supplies would be made easy for us. So one evening we found ourselves in our tents in Lingshed with about thirty blind folk sitting round. We examined their eyes, deciding that some were operable, others not. The latter were informed as kindly as possible that no operation on earth could

shall try to show why in some cases polyandry is fraternal, and in others non-fraternal.

The province of Ladak, which I visited, is inhabited by Tibetans speaking an ancient form of the language. Tibet, of course, is run by the Lamaist church and the head of the country is the Dalai Lama. The former kings of Tibet have taken refuge in Ladak since the 8th century A. D. and live in the castle of Leh. The town is very characteristic of Tibetan towns. Flat-roofed houses are very well built on the side of high mountains. The altitude is 12,000 feet, the entire area is snowed in during the winter, and the people live mostly in their houses and do not go out.

These Tibetan houses are not very different from our own western type of houses, except in one respect. The kitchen here has no chimney, so it can be imagined how much smoke fills the room when they cook. The Tibetans do not seem to mind; though we personally found it very difficult to stand upright in their kitchens when they were cooking and so spent most of our time there on all fours, to avoid the smoke and keep our eyes from watering. The people suffer from eye trouble because of this practice and yet they seem to stick to it in a very curious manner.

The characteristic dress of the Ladak women is of red cloth such as the men wear. They have a sheepskin toga which they throw over their shoulders and a very characteristic head-dress, made of a piece of red felt with two enormous ears of black wool. The red felt band is studded with turquoises at the back, family heirlooms, handed down from mother to daughter. Such a headdress is known as a *perak*.

The men are tough-looking. They very often have their right shoulders bare; though sometimes they have a Chinese shirt thrown over them. When they are working, they usually have the right shoulder uncovered, however cold the weather may be. Looking at Tibetan children, one could imagine at first sight

24:Peter E-5 (1938)1963 AJ4 West Tibetans AJ4
Lahul

shrine of the local deity (*yül-lha*, (*Yul-lha*)), where she offers up some *chang*. His father and three of his relatives have, in the meantime, carried a large pile of *tsampa* up to the same place, and they, too, present it to the god as an offering. A lama will then draw the figure of a stag in the dust in front of the shrine, and will shoot at it with an arrow from a bow he has brought. This is supposed to kill all evil which might attack the child.

Next, when a boy is between four and five, his hair is ritually cut in a ceremony which goes by the name of *Raldag* (probably *Ral-ltag*, "long hair-neck hair"). After three days of feasting in which the whole family, their relatives and their friends take part, the child's maternal uncle (*azhang* (*a-zhang*)) shears all his nephew's hair off and takes the locks to each person present in turn. In exchange for looking at the hair, they each give a small piece of money to the parents as a lucky offering.

The first doctor whom I saw was called Sönam Tashi (*bSod-Nams-bKra-shis*) and he was a lama from a village called Bardgi. He informed me that there were quite a lot of nervous ailments in Lahul, the principal ones being epilepsy and hysteria. The first of these two appeared when the person was about fifteen years old, and he attributed the cause to alcohol. He thought, too, that it might have some connection with the high incidence of venereal diseases to be found in the valley, infections which he said had been introduced from Kulu. Hysteria often brought with it symptoms of frigidity in women and of impotence in men, and he had a number of patients suffering in this way. As a cure for epilepsy, he advocated beating with hot juniper branches. Hysteria was better cured, he thought, by administering pills made of paper upon which prayers had been written.

There was a Government Hospital at Kyelang, and on the 28th June 1938 I went there to interview its director, Dr. Bhagwan Singh. I asked him about Tibetan medicine, and who the local doctors were in Lahul. He told me that there were quite a number of them and that they went by the name of *amchi* (*Am-ch'hi* or *Aem-ch'hi*). The best among them was Katug (*Ka-bTug*) of Chelling, but there were also Tsering Norbu (*Ts'he-ring Nor-bu*) of Billing, Dön-drup (*Don-Grub*) of Kardang, and the old uncle of the Wazir, Thakur Mangal Chand, *amchi* of Kyelang, whose Tibetan name was Tashi Dawa (*bKra-shis Zla-ba*). According to Dr. Bhagwan Singh, ayurvedic medicine (although I think this was only his way of naming Tibetan medicine as distinct from the Western system) was practised, but extra to this, considerable use was made of Tibetan medicinal herbs.

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Lahul

He told me that he treated the following diseases by Western methods: venereal (by far the greatest incidence), skin trouble, round worm, epilepsy, hysteria (mostly in women, especially unmarried ones), paraplegia and hemiplegia (due to syphilis), some cases of leprosy, eye inflammations due to various causes, ear infections, tuberculosis (which was on the increase due to winter promiscuity), but no cancer (at least observed). I discussed polyandry with him in conjunction with his remarks about the hysteria of unmarried women (who were numerous in Lahul because of polyandry, he said) and the promiscuity of the winter dwelling in one room, and he told me that he had had one case of suicide; it was a *no* (younger brother) he told me, who had put an end to his life because he was jealous of his brothers sharing the wife with him. He was thirty seven years old at the time, and there was no doubt that this jealousy was the actual reason for his fatal nervous affliction.

Since Thakur Mangal Chand was easily available in Kyelang, I next went to see him, on the 5th July 1938. An elderly man of over sixty, he had for a long time been Lahul's Forest Officer, but in his old age had turned to medicine and had become quite proficient in it and well known under his Tibetan name of Tashi Dawa. He told me that Tibetan medicine was ayurvedic to some extent, since it was the result of a translation of the Indian texts by Tibetan doctors acting on the orders of King Srong Tsän Gampo (*Srong-bTsan-sGam-po*) in the 7th century A.D. Asked if there was much nervous disease in Lahul, he replied that there was little. Light cases were treated by lama Sönam Tashi whom I had interviewed earlier on, while serious ones came to him. There were relatively more women ill in this manner than men, and hysteria was quite prevalent among them. He could, however, quote some cases of men, too.

Thus there was the case of a lama in Kardang, married polyandrously to a single, common wife with his two elder brothers. As long as they were alive, he was very jealous of them, as he wanted the woman all to himself. He developed a nervous paralysis of the leg which lasted as long as his brothers lived. They died, however, one after the other, so that in the end he was left with the wife alone. From that day onwards, he was cured; his paralysis disappeared and he was able to walk again.

He knew also of another case of an elder brother in the upper part of the Bhaga valley who was hysterically nervous, as he put it, because he could not stand the idea of sharing his wife with his younger brothers. Apparently, everybody in Lahul was not capable of living in polyandry and adapting himself to this form of matrimony.

24:Peter E-5 (1938)1963 AJ4 West Tibetans AJ4
Ladak

so, especially when, in Kyelang, I had discovered significant psychological disorders in members of polyandrous households. In Ladak, the information that I gathered was not quite as sensational, but it confirmed to a large extent what I already knew now about the psychopathology of the people of these regions.

My first such visit was to the Kashmir State hospital in Leh on the 30th August, 1938. There I met the chief physician in charge, a Dogra medical officer called Dr. M. S. Diwani. He told me that venereal diseases were, as usual, the dominant illnesses which he had to treat. He attributed their wide distribution in Ladak to contacts with Moslem traders from Sinkiang, who passed them on through the intermediary of the temporary wives which they took from the local, Buddhist population. Extra to digestive troubles due to a diet of excessive tea and *chang* drinking, there were many cases of epilepsy and hysteria. The former sickness seemed mostly to plague Moslem women, while the latter was the perogative of single Buddhist women and nuns in the nunnerise. They got attacks usually during their menstrual periods, and nearly always at night. The cure for these afflictions was in the hands of the *amchis*, who cauterized the head of the patient in prescribed places.

There was much osteomelitis about, Dr. Diwani said, and it was due to the *purdah* habits of Moslem women, because they did not get sufficient sun. The Buddhist women who worked on the fields never suffered from this illness. He knew of no cases of impotence or frigidity, as no one had been to see him for such ailments. There was madness in the area, the most significant case being that of the *Tulku* (*sPrul-sKu*) or Incarnation of Tikse Gompa (see *The Mad Tulku of Tikse* by the same author, Stepping Stones, Kalimpong, 1950). To my question as to whether he knew of homosexuality in Ladak, Dr. Diwani said that it was widespread in the monasteries, where the relations between master and novice were universally known to take on that character.

On the 1st September 1938, when I visited the Gad-po-pa (*rGad-po-pa*) household, and made its genealogy (see p. 368), I took advantage of my talk with the informant Chond who, it will be recalled, was an *amchi* or native doctor, to enquire from him about his practice. He told me that he had many cases of giddiness to deal with, and he attributed this to bad diet in the case of the men, and to irregularities in the menses of women. There were no cases of impotence or frigidity, as far as he knew, but many of anxiety and hysteria, which he had to treat, nearly always, in women. They were mainly to be found among single women and nuns, and often took the form of nervous blindness

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Ladak

and deafness for certain periods of time. He attributed this to devils which possessed the individual concerned, and he, personally, tried to cure them by cauterization of the head. If this did not help, the patients were advised to visit the lamas, who gave the religious formulas to eat, or carried out exorcisms over them. Chonde showed me his cauterization instruments and a chart which guided him as to where to apply the red-hot irons.

The Reverend Walter Asboe, whose Moravian Mission ran a small dispensary and hospital in the Mission House in Leh, was also informative about nervous ailments in the town. He said that men did come to be cured of impotence, but that they were nearly all physical cases and definitely not mental ones. As it was, it was not living in polyandry which made them impotent, for if the common wife was not to their liking, they could always seek relief with some of the numerous prostitutes that were to be found in Leh. All of these professionals, he said, were Moslems, not Buddhists, and were usually recruited from among the temporary wives, converted to Mohammedanism by the Yarkandi traders, surplus women left over by the polyandry of the Buddhist Ladakis.

The Reverend Asboe had come across no cases of frigidity in women, but, on the contrary, he knew of many cases of nymphomania. Again, this affliction was to be found among the Moslem women converts, never among the polyandrous wives of the Buddhist households. He had also heard that homosexuality was prevalent in the monasteries, and since, he said, Jaeschke's *Tibetan-English Dictionary* contained all the numerous Tibetan terms for various sexual perversions, it seemed from this that these were widespread throughout Ladak.

Nono Tse-P'hün, as my principal interpreter and informant, was of an opposite opinion. He said that homosexuality was a punishable offence in Kashmiri law, and therefore did not exist in Ladak. It was looked upon with great disfavour anyhow, by the Ladakis, and he felt sure that no one indulged in it, not even in the monasteries. In Tibet, it was another matter, he added, and it was known that it was practised in the large monasteries of Central Tibet, as any monk returning from Lhasa or Shigatse where he had gone for his studies could tell.

With regard to prostitution, this is the place perhaps, to mention what Joseph Gergan once told me about the smoking of tobacco. I had asked him on the 14th October 1938, in Kargil, as we were travelling together towards the Kashmir capital, Srinagar, how it was that in the whole of Tibet and in areas under the cultural influence of that country,

2: Biscoe M-3 (1890-ca. 1920) 1922 AV4 Kashmiri
W. Tibetans AJ4

A Trip to Ladakh

133 of ice to spare on the other side, in case of the ice being rotten. One of our coolies did fall into a crevasse, but he was saved by the load on his back getting hitched on to the ice. We were glad when all our party reached camp safely. We were careful to select a safe place for our tents, for we passed the spot where Lieutenant Genge, I.M.S., encamped, and during the night he with all his servants was swept away by an avalanche. The Wardwan is an exceptionally narrow valley, and hence the mountain-sides are very steep and precipitous, so that snow-slides and avalanches are very common, and one has to keep one's weather-eye open for them.

797 During our march Dr Neve managed to fit in a good
164 deal of medical work. He would see the patients after our tea, and also, if necessary, in the morning before starting. Some patients followed us from camp to camp, when it was necessary for them to have continual treatment. Dr Neve during this tour performed forty-two operations for cataract. It was great to see the delight of the people who received sight. After the operation, which was accomplished in a marvellously short time, Dr Neve would hold up his fingers and ask the patient to count them. When the patient found that he was correct in his counting, and could really see, a smile began to pervade the face, which grew wider and wider as he realised that it was no dream or sorcery, but naked fact, that his sight was restored. Of course the eye was bandaged up directly, and the patient was given strict orders not to undo the bandage for two weeks. The removal of the cataract is a wonderfully neat and quick operation, and one envies those who have the power to give such joy in so few seconds; it is very little short of the miraculous.

000 And then there is the greater joy of the missionary doctor who bestows the great gift freely and without payment,